

Discussant Remarks

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An Important and Neglected Issue

- No mention of this issue in:
 - Nicotine and Public Health. (Ferrence, Slade, Room & Pope, 2000). APHA.
 - Clearing the Smoke. (Stratton, Shetty, Wallace, & Bondurant, 2001). IOM.
- Or the talks I've heard today.

Two Harm-Reduction Products

- Snus is less dangerous than cigarettes
 - No lung cancer & No respiratory disease (50% of smoking deaths from these)
 - Probably less cardiovascular disease
 - Possibly equal oral cancers to cigarettes
 - No secondhand smoke or fires
- Medicinal nicotine (NRT) is much less dangerous than Snus.
 - Less cardiovascular disease
 - No oral cancer

Clinical vs. Public Health

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|--------------------------------------|---|
| ■ Clinical | ■ Public Health |
| ■ Individual patient | ■ Greatest good for greatest number of people |
| ■ Risks vs. benefits for individuals | |

Human Rights vs. Public Health

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| ■ Human Rights | ■ Public Health |
| ■ All humans are equal in dignity and rights | ■ Greatest good for greatest number of people |
| ■ Autonomy | ■ Paternalistic— <ul style="list-style-type: none">■ "Father knows best" |
| ■ Informed choice & consent fundamental rights in research and therapy | |

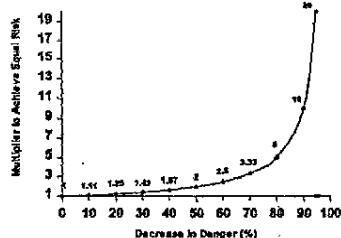
Human Rights and Health

- American Public Health Association (2000) (Nuremberg Code, United Nations)
- **"Human rights must not be sacrificed to achieve public health goals, except in extraordinary circumstances, in accordance with internationally recognized standards," (APHA, 2000)**

Standards for Overriding Individual Rights Include:

- **Proportionality:** "The limitation of rights must be proportional to the public health interest and its objective." (Red Cross, p.48)
- **Probability:** "The risks to the public must be probable, not merely speculative or remote." (Gostin & Mann, p. 67)

Risk/Use Equilibrium



Kozlowski, Strasser, Giovino, et al. Applying the Risk/Use Continuum: Use Medicinal Nicotine Now for Harm Reduction, *Tobacco Control*, in press.

Clear and convincing evidence? – proof producing a firm belief or conviction

- "... Pauly & colleagues (1995) and Hughes (1998) **raise the possibility** that ... PREPs ...**could** lead to increased initiation." IOM, 3-8.
- "... and **possibly** to an adverse effect on the population." IOM, 8-4.
- This is not even the language of the lower standard of proof: a preponderance of evidence—more likely than not ...

Human Rights vs. Public Health

- **Human Rights**
 - For some products (NOT CIGARETTES), clear & convincing harm-reduction to individuals (not "safety").
- **Public Health**
 - An iffy, forecast that some scenarios could possibly occur that might be bad, but they might not, and, further, it will take years of research and surveillance to have confidence.

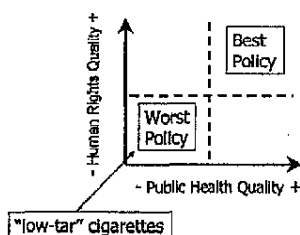
Consider these Questions

- Are adult nicotine addicts too impaired to give an Informed Choice?
- If product X reduces harm significantly to individuals, do they have a right to decide to use this product or not?
- Should Informed Choice or Consent be ignored if we don't like or disagree with the decision?

Interventions on "Right to Know" and Reproductive Health

- **Information-Education-Communication (IEC):** comprehensive programming intervention to achieve or consolidate behavior or attitude changes in specific groups
 - S.I. Cohen, Technical Paper 1, UNFPA, 1994.
- Includes mass media advertising, message placements in TV programs, training of health professionals to discuss the needed information.
 - Lynn Freedman, In *The Right to Know: Human Rights and Access to Reproductive Health Information* (ed. S. Coliver, 1995).

Health/Human Rights Needs Assessments



"Health and Human Rights" ed. **Jonathan M. Mann**, et al. (Routledge, 1999). Page 52.

Human Rights & Harm Reduction

- Gullible, biased, imperfect, mistake-making human beings (just like us) have a basic right to information and choices.
- Public Health needs strong justification to deny these human rights.
- Harm reduction policy should systematically consider human rights.